FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:44

DOCUMENT # 765129 (2)

1. Corporation Name

SHARE-A-HOME OF GOLDEN TRIANGLE, INC.

Principal Place of Business	Mailing Address
C/O JEFFERSON G. RAY, III POST OFFICE BOX 1048 MOUNT DORA FL 32757	C/O JEFFERSON G. RAY, III POST OFFICE BOX 1048 MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1982
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2231945 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

RAY, JEFFERSON G., III
851 N. DONNELLY STREET
MOUNT DORA 32757

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	☐ Change ☐ Addition
NAME	KAUFFMAN, JOHN H JR	1.2 NAME	
STREET ADDRESS	FISH CAMP ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CANNELONGO, JAMES	2.2 NAME	
STREET ADDRESS	1809 E WASHINGTON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	RAY, JEFFERSON G III	3.2 NAME	
STREET ADDRESS	851 DONNELLY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KIRKPATRICK, JACK B., JR	4.2 NAME	
STREET ADDRESS	1601 BUENA VISTA DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUTIS FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	SHAFER, AL	5.2 NAME	
STREET ADDRESS	12317 DOUBLE RUN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ASTATULA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Wilhelm, Connie
STREET ADDRESS		6.3 STREET ADDRESS	C/O Beard-Coffman, ERA
CITY-ST-ZIP		6.4 CITY-ST-ZIP	328 East 5th Ave. Mount Dora, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added. Attachment with an address.

SIGNATURE: Jefferson G. Ray III 2-8-95 904-383-7176
Name and Title of Individual Authorized to Sign (Type or Print) Date Daytime Phone Number

0031601